Place of Business,

Health Department, City of Baltimore.
Permit No. 994/10 Office of Registrar of Vital Statistics. Ward 17
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
DEVARYUR DEVARYUR
CERTIFICATE OF DEATH
Date of Death, 4/we 21. 1887 APR 22
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. (Cross out the word not)
Sex, Male or Female, {Cross out the word not }
Age, / F Years, Months, Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Selves plater
Birth Place, State or country, and how long in the United States,
Duration of Residence in the City of Baltimore, all his life
Place of Death, {Give Street and } / DEAL & Place ally (211)
Cause of Death, { First (Primary), Second (Immediate), Pullemonia. Lyphonica.
Duration of Last Sickness, /4 Ceeys All the above information should be furnished by the Physician.
Place of Burial, Mount Chin
Date of Burial, 28 "1887) 7
(Undertaker Benned X ash my dovo Oos C.M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

The opposite activities of the state of the	
Bealth Department, City of Baltimore.	
Permit No. 992/1/ Office of Registrar of Vital Statistics. Ward	
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-jour hours after the death of said deceased, or experimentally of law. NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.	out, if
CERTIFICATE OF DEATH, 22	
Date of Death, 20 april 1887	1
Date of Death, 20 Write legibly and spell Sarbara Ebersmeyer Pull Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}	
Sex, Male on Female, {Cross out the word not }	
Age, Years, /3 Months, Do	ays
Color, White	
Married, Single, Widow or Widower, {Cross out the words not } required in this line.	
Occupation,	
Birth Place, {State or country, and how long in the United States, } I Late	
Duration of Residence in the City of Baltimore,	
Place of Death, {Give Street and } Foot of Eden At.	
Cause of Death, { First (Primary), Cerebral meningities. Second (Immediate), Probably Convulsions	
Duration of Last Sickness, about 2 weeks	
Place of Burial Mt Carmel Cem.	
Date of Burial, april 22"1887 D7 Email M.	D.
(Undertaker, / folickness forts Medical Attendant.	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Goroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

(Place of Business, C

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certifica
Bealth Department, City of Baltimore.
Permit No. 994/2 Office of Registrar of Vital Statistics. Ward 11 The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled.
to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or somer requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH 22 1867
Date of Death, Will 217 8 8 Tore
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sex, Male or Female, {Cross out the word not }
Age, / Years, 4 Months, Day
Color, Colored 1
Married, Single, Widow or Widower, {Cross out the words not } Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and} 212 Bradford alleg
Cause of Death, { Second (Immediate),
Duration of Last Sickness, 12 Acrys All the above information should be furnished by the Physician.
Place of Burial, Lewell Cometany
Date of Burial April 13d

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Unchard Address,

M. D.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Accention of Physicians is Kespectiumy invited t	o the Kemarks below	r, and to List of Disea	ises on back of this tertificate.
Bealth Departme	ent, City	of Balt	imore.
Permit No. 99413 Office of Regi	strar of Vit	tal Statistics	. Ward 23
The Physician who attended any person in a last illnes to the Undertaker or other person superintending the burial requested so to do, under penalty of law. No Permit for Burial can be	s, is responsible for the state of the state	he presentation of thi hours after the death	s Certificate, accurately filled out of said deceased, or sooner, i
CERTIFICA			H DEPURY
Date of Death,	Thul 21	1887	ADE: 95 1507
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Joseph	Heyer	AFR ZZ
Sex, Male Formule, {Cross out the word not }	/		MORE
Age, Years,	·	Months,	_ 1 5 Days.
Color,	Non	lite	1
Married, Single, Widow or Widower, {Cross out required	t the words not }		\
Occupation,			<u>V</u>
Birth Place, {State or country, and how long in the United States, if of foreign birth.	Baltin	ive Gel	7
Duration of Residence in the City of Balt	imore,	life "	
Place of Death, {Give Street and }	No 61. 8	hames &	t
$Cause \ of \ Death, egin{cases} ext{First (Primary),} \ ext{Second (Immediate),} \end{cases}$	Inani	tion	
Duration of Last Sickness,	Life	.	
Place of Burial, M. alfehnsus Ve	metery		
Date of Burial, Opil 22 a 1887	100	. 1	11-
CHILL THE R. A. P.	100	moto	rens M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

CENT

Bealth Department, City of Baltimore.
Barmit to O Ox 1/elan co
sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Centificate.
CERTIFICATE OF DEATH! 22 1887
Date of Death, Op 20 8) TIMORE
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } required in this line.}
Age, Se Years, Months, Days
Color, White
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation, Merchan-
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Lefe.
Place of Death, Give Street and Number.
) First (Primary), Old ac
Cause of Death, Second (Immediate), Old aga
Duration of Last Sickness, Derice obout a week
All the above information should be furnished by the Physician.
Place of Burial, Trees Mil Cuarters
Date of Burial, 7 22. 1887 WRINENA W.D.
(Undertaker, Lenny & Muchica Medical Attendant.
Place of Business, 53 Of Fayelle Address, 315 W morresnew
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Bealth Department, City of Bali	timore.
Permit No. 994/5 Office of Registrar of Vital Statistics	- "
The Physician who attended any person in a last illness, is responsible for the presentation of the	is Certificate accorately filled out
to the Undertaker or other person superintending the burial, within twenty-four hours after the death requested so to do, under penalty of law.	of said deceased, or sooner, i
No Permit for Burial can be Obtained without a Proper Certif	ICATE.
CERTIFICATE OF DEAT	HDEPARTE
Date of Death, April 2 1887	***************************************
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names}	APR 22 TOOP
	- Description of the second
Age, Years, Months,	Days.
Color, While	
Married, Single, Widow or Widower, {Cross out the words not } Married	
Occupation, Amselverting	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, 34 Jean	
Place of Death, {Give Street and }	
Cause of Death, Second (Immediate), Caraly Bri	
Ouration of Last Sickness, Jun weeks	
Place of Burial, Chel Sholam Gemeley	
Date of Burial, April 27	
Indertaker, & Aksens + lo Vog nedewing	M. D.
ce of Business, 626 W. Ballo Anddress, 310 h Culaw	
from Regulations of the Board of Health to secure a full and correct record of	the Vital Statistics in the

City of Baltimore.

City of Baltimore.

School 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the rhysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Phy	sicians is Respectfully Invi	ted to the Kema	irks below, and to	LIST OF DISCUSSES OF	r dack of this Ce	rtificate.
Heal	th Departi	ment,	Lity of	Baltim	ore.	"
Permit No. 99416.	Office of R	egistrar	of Vital S	tatistics.	Ward	17
to the Undertaker or other p requested so to do, under pen		urial, within tu	enty-four hours aft	er the death of a	Adented 19	filled out
CE	ERTIFICA			EALF	PR 22 18	67 ×
Date of Death,		Houl	, 20t, 1	1887	MORE	2
Full Name of Decea	$sed, egin{cases} ext{Write legibly and spell} \ ext{correctly.} & ext{If an Infant not named, give names} \ ext{of parents.} \end{cases}$		arlotte		Tohns	on
Sex, Male or Female	e, {Cross out the word not }		Ties	nale		/
Age, Englis	Eight Years,	0		hs,	0/	Days.
Color,		T	ight (oppers		
Married, Single, Wie	dow or Widower, {Cre	oss out the words nuired in this line.	ot }	idow	-	
Occupation,			Mids	vife		
Birth Place, State or coulong in the	n birth.			There of	/	land
Duration of Residen	ice in the City of I	Baltimore,	Liver	My Me	ars	
Place of Death, {Give in No.	Street and \	772	Ches	trust .	Ally	
(Fi	irst (Primary),	20	nknov	wn	1	
Cause of Death, \	econd (Immediate),	5	Heart	Disea	se	
Duration of Last Si	ickness,	ian.	5 Day	10		
Place of Burial	herpst	······\ 3 †		4		
Date of Burial,	pr 22%	88/ 1	5 . 2 4	h j		
(Undertaken 1	Der Ken	0. 100	ery/ of	bonn	er-	M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Geatti Bepariment, Guy of Battimore.
Permit No. 99417 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate account in the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner is requested so to do under repulsive of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH
Date of Death, Upril 20 - 180
Full Name of Deceased, { Wite legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male gr. Female, {Cross out the word not }
Age, (O) Years, Months, Days.
Color, Mule
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 18/3 Madison and
Cause of Death, { First (Primary), Concer of Breast Second (Immediate), Ephanotein
Duration of Last Sickness, All the above information should be furnished by the Physicians
Place of Burial, Judon Jons
Date of Burial, Thill & and 88 L. B. Comings M. D.
(Undertaker, Comp & Moule Medice Attendant.
Place of Business, 550 W. Fayell Address, 1925 Lindle Com

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it jurther enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Marie and the second of the se				A CONTRACTOR OF THE PERSON OF
Health	Department,	City of	Baltimo	re.
Permit No. 99418				Ward 1 7
The Physician who attended an to the Undertaker or other person su requested so to do, under penalty of	y person in a last illness, is re- perintending the burial, withi	sponsible for the present in twenty-four hours afte	tation of this Certific r the death of said	cate, accurately filled out, deceased, or sooner, if
CER	TIFICATE	OF D	EATH	DEVALUA
Date of Death,	Upp	ue of		APR 22 1807
Full Name of Deceased, & Cross	Vrite legibly and spell prrectly. If an Infant of named, give names f parents.	cella. U	. Nest	MORELL
Sex, Male or Female, Cross	out the word not }		***************************************	
Age, 38	Years,	Month	8,	Days.
Color,	ash	ile		/
Married, Single, Widow or	Widower, Cross out the wo	ords not }		
Occupation,	71	Juseof	e V	
Birth Place, State or country, and long in the United S if of foreign birth.	how tates,	Ballo	·	
Duration of Residence in	the City of Baltimor	e, Lefel	eme ,	
Place of Death, Give Street and Number.		533 n.o	My si	·
$\it Cause of Death, egin{cases} { m First (Prink)} \\ { m Second (In)} \end{cases}$	mary), <i>Ohd</i>	Tueis Ou	Imonal	is.
Duration of Last Sickness All the above information should be for	3,	10 min	ulls'	
Place of Burial, Louis	don time	Euch		
Date of Burial, Col	24/07	62	Dus	8 1
J Undertaker, 74/100	T. Staiper	way,	Medical	Attendant.
Place of Business,	9 St youding	Adress, 208	augi	with the
Extract from Regulations of the	Board of Health to secur. City of Bai		record of the Vit	tal Statistics in the
Section 2. And be it further enter the Physician who attended during wenty-four hours after the death, to the same can be ascertained, the full and date of death.	his or her last sickness, or the the Undertaker or other person	e Coroner, when the cas ons superintending the	se comes under his n Burial, a certificate	otice, to furnish within setting forth as far as

Gealth Department, Gitn	Baltimore.	- "
Permit No. 99419 Office of Registrer of Yu	at Statistics. Ward	197
The Physician who attended any person in a last illness, is responsible for the to the Undertaker or other person superintending the burial, within twenty-four hard requested so to do, under penalty of law. No Permit for Burial can be Obtained without	prescriberation of this Certificate, accura- ours after the death of said deceased,	tely filled out, or sooner, if
CERTIFICATE OF		
Date of Death, April 2, 1)	887	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	Elects	
Sex, Male or Female, {Cross out the word not }		
Age, 68, Years,	Months,	Days
Color, White	1/	
Married, Single, Wissow or Widdwir, {Cross out the words not }		
Occupation,	<u> </u>	
Birth Place, {State or country, and how long in the United States, for foreign birth.	ia	
Duration of Residence in the City of Baltimore,	Teans	
Place of Death, {Give Street and } /70 6 day	fay ette and	
Cause of Death, Second (Immediate),	-w)	
Duration of Last Sickness, All the above information should be furnished by the Physician.		•
Place of Burial, Mestern Cemelery		
Date of Burial, affl 2 3/8871 746	Clarine	M. D.
S Undertaker / Delanustous	Medical Attendant.)
Place of Business, 221 f Gullew & Address,	7.01 Whide	
Extract from Regulations of the Board of Health to secure a full and of	correct record of the Vital Statist	ics in the

City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within anty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ame can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause the of death.

[OVER.]

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